

# MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-010069**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **644**

**FILED MAR 19 1962**

VS 300\*  
Rev. 4/59

**1 0129**

**2 1030**

**3**

**4 0**

**5 1**

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**7 1**

**8 1**

**9 4500**

**10**

**11**

**12 5-0**

**13 1-0**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STODDARD</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		c. CITY OR TOWN <b>Puxico</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION</b>		d. STREET ADDRESS (If outside, give location) <b>Box 175, Puxico, Mo.</b>	
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>BRITON</b> Last <b>REASONS</b>		4. DATE OF DEATH Month <b>MARCH</b> Day <b>6</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-21-98</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHOE REPAIRMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHOE REPAIRS</b>	
11. BIRTHPLACE (City and state or country) <b>ELDORADO, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>DAVID REASONS</b>		13b. MOTHER'S MAIDEN NAME <b>FLORENCE CARTER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>		17. INFORMANT <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Mesenteric thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <b>Thrombosis superior mesenteric artery</b> DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>Unknown</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>9:30</b> a.m. <b>9:30</b> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>POPLAR BLUFF, MO.</b>	
21. I attended the deceased from <b>March 1, 1962</b> to <b>March 6, 1962</b> and last saw her alive on <b>March 6, 1962</b> Death occurred at <b>9:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Ernest M. Tapp, M.D., Chief of Staff</b>	
22b. ADDRESS <b>VA HOSPITAL, POPLAR BLUFF, MO.</b>		22c. DATE SIGNED <b>3-7-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-8-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Puxico</b>	23d. LOCATION (City, town, or county) <b>Puxico, Mo.</b>
24. FUNERAL DIRECTOR <b>MORGAN FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>3/16/1962</b>	
ADDRESS <b>Puxico, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. J. Mesgar

Licensed Embalmer No. 4640

P. O. Address Advancing Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If the body is not embalmed, fact should be so stated above.